



FINANCIAL STATEMENT
For Full-Time County and Municipal Employees

Name:

First Name	Middle Name/Initial	Last Name

Mailing Address:

City/State/Zip

Disclosure for Tax Year Ending: _____

Social Security Number: _____

Filing as a: ☐ County Employee

☐ Municipal Employee of: _____

Position held or sought/
Board where serving: _____

Term or
Employment
began on: _____

Department where employed: _____

COPY

If your home address is exempt from public records pursuant to ☐
Florida Statutes 119.07 please check here (*read filing instructions*)

Work Telephone: _____

Work Address: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

FINANCIAL STATEMENT (Required by Miami-Dade County Code, Section 2-11.1 (i) as amended)

Please list the requested information below. Amounts under \$1,000 need not be listed. If continued on a separate sheet, check here: ☐

ASSETS - Cash balances in savings and checking accounts, savings and loans, banks, credit unions, money market accounts, etc.

NAME OF INSTITUTION	ADDRESS	ACCOUNT #	TYPE	AMOUNT

OTHER ASSETS

Subtotal-Cash Assets

MARKETABLE SECURITIES- List in detail on reverse side

TOTAL SECURITIES

MORTGAGES RECEIVABLE - List in detail on reverse side

TOTAL MORTGAGES RECEIVABLE

NET WORTH IN BUSINESS - Attach current statement

REAL ESTATE OWNED:	ADDRESS	TYPE OF PROPERTY	MARKET VALUE

CASH VALUE OF LIFE INSURANCE

PERSONAL PROPERTY (Car, furniture, boat, etc.)

OTHER (Describe)

Subtotal - Other Assets

Total - Cash & Other Assets

LIABILITIES - List Mortgages Payable, Bank Loans, Finance Companies, etc.

OWED TO	ADDRESS	ACCOUNT #	DATE INCURRED	ORIGINAL AMOUNT	MONTHLY PAYMENTS	BALANCE DUE
LIFE INSURANCE PAYMENTS						
ALIMONY AND CHILD SUPPORT PAYMENTS						
NOTE CO-MAKER, ENDORSER OR ORIGINATOR						
Total Assets Minus Total Liabilities = Net Worth \$ _____				TOTAL LIABILITIES		

MARKETABLE SECURITIES

Company	CURRENT MARKET VALUE		
	Number of Shares	Per Share	Total
TOTAL MARKETABLE SECURITIES		Enter in Other Assets on reverse side	

MORTGAGES RECEIVABLE

ADDRESS	DATE	ORIGINAL AMOUNT	MONTHLY PAYMENTS	BALANCE DUE
TOTAL MORTGAGES RECEIVABLE		Enter in Other Assets on reverse side		

I hereby swear (or affirm) that the aforesaid information is a true and correct statement.

SIGNATURE OF PERSON DISCLOSING

DATE SIGNED